

REV. 10/03

For Other Than A Small Entity

:

Docket No. <u>293/059</u>

Applicants

Matthew Baker et al.

For

METHODS AND APPARATUS FOR MAKING

ANASTOMOTIC CONNECTIONS LARGER THAN THE

GRAFT CONDUIT

EXPRESS MAIL CERTIFICATION

"Express Mail" mailing label number <u>EV132190431US</u>.

Date of Deposit March 29, 2004.

I hereby certify that this transmittal letter and the other papers and fees identified in this transmittal letter as being transmitted herewith are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and are addressed to Mail Stop PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Claire J. Saintil-van Goodman

Mail Stop PATENT APPLICATION Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL LETTER FOR ORIGINAL PATENT APPLICATION

Sir:

Transmitted herewith for filing are the [X] specification; [X] claims; [X] abstract; [X] unexecuted declaration and power of attorney; and [X] Print EFS data sheet, for the above-identified patent application.

Also transmitted herewith are:

- [X] 45 sheets of:
 - [X] Formal drawings.
 - [] Informal drawings. Formal drawings will be filed during the pendency of this application.

[] Certified copy(ies) of application(s)

(country)	(appln. no.)	(filed)
(country)	(appln. no.)	(filed)
(country)	(appln. no.)	(filed)

from which priority is claimed.

- [X] This application claims the benefit of provisional patent application No. 60/459,234, filed on March 28, 2003 and provisional patent application No. 60/519,534, filed on November 12, 2003.
- [] An assignment of the invention to _____.
 - [] A check in the amount of \$40.00 to cover the recording fee.
 - [] Please charge \$40.00 to Deposit Account No. 06-1075 in payment of the recording fee. A duplicate copy of this transmittal letter is transmitted herewith.
- [X] A Print EFS Data Sheet.

The fili	ng fee has bee	en calculated	l as shown	n below:
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
BASIC FEE				\$ 770.00
TOTAL CLAIMS	34 - 20*	= 14 X	\$ 18 =	= \$ 252.00
INDEPENDENT CLAIMS	3 - 3**	= 0 X	\$ 86 =	= \$ 0.00
[] MULTIPLE	DEPENDENT CLAI	IMS +	\$290 =	= \$ 0.00
* If less than 20, insert 20. TOTA ** If less than 3, insert 3.				\$ 1022.00

- [X] A check in the amount of \$\frac{1004.00}{} in payment of the filing fee is transmitted herewith.
- [X] Please charge \$\frac{18.00}{18.00}\$ to Deposit Account No. 06-1075 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.
- [] This application is being filed unaccompanied by a filing fee. The appropriate filing fee will be paid in response to a Notice to File Missing Parts, pursuant to 37 C.F.R. § 1.53(f).
- [X] The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.

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